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CONFIRMATION NO. 6219

<b>SERIAL NUMBER</b> 10/612,583	<b>FILING OR 371(c) DATE</b> 07/01/2003 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2113	<b>ATTORNEY DOCKET NO.</b> RSW920030069US1 (097)
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**APPLICANTS**

Ronald P. Doyle, Raleigh, NC;  
 David Louis Kaminsky, Chapel Hill, NC;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

25259

**TITLE**

AUTONOMIC PROGRAM ERROR DETECTION AND CORRECTION

<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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